EXPRESS MAILING NO. EL 982 7.42
PART B - FEE(S) TRANSMITTAL EL 982 742 240 US Complete and send this form, together, with applicable fee(s), to: Mail Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 INSTRUCTIONS: This form chould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee portifications. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 7590 06/16/2004 000959 LAHIVE & COCKFIELD, LLP. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 28 STATE STREET **BOSTON, MA 02109** (Depositor's name (Date ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATA-286 2331 07/28/2000 09/627,566 Jonathan L. Goodwin TITLE OF INVENTION: COVERED STENT AND METHOD OF COVERING A STENT **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE SMALL ENTITY **ISSUE FEE** APPLN, TYPE 09/16/2004 YES SO \$665 nonprovisional \$665 **ART UNIT** CLASS-SUBCLASS **EXAMINER** 3731 623-001100 BUI, VY Q 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the LAHIVE & COCKFIELD, LLP names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ATRIUM MEDICAL CORPORATION HUDSON, NEW HAMPSHIRE individual \*\*Corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): M Issue Fee ☐ A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee Advance Order - # of Copies \_\_\_\_\_10 XXI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number\_ (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) Klyn 09/17/2004 RMEBRAH1 00000162 120080 09627566 K<u>evin J. Canning,</u> Reg. September 14, NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 665.00 DA 30.00 DA 02 FC:8001 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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		Co.			Complete if Known			
FADE FEE TRANSMITTAL		Application Number			er 09/627566-Conf. #2331			
		Filing Date			July 28, 2000			
for FY 2004		First Named Inventor			ntor Jonathan L. GOODWIN			
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name			V. Q. Bui			
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit				3731			
TOTAL AMOUNT OF PAYMENT (\$) 695.00		Attorney Docket No.			o. ATA-286RCE			
METHOD OF PAYMENT (check all that apply)				FEE	E CALCULATION (continued)			
Check Credit Money Order Other None	3. ADDITIONAL FEES							
x Deposit Account:	Larg	e Entity	Smal	l Entity				
Deposit Account 12-0080 Number	Fee Code							
Deposit Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge – late filing fee or oath			
Name			2052	25	Surcharge – late provisional filing fee or cover			
The Director is authorized to: (check all that apply)  X Charge fee(s) indicated below  X Credit any overpayments	1053	sheet. 3 130 1053 130 Non-English specification						
	1812		1812		Non-English specification  For filing a request for ex parte reexamination			
X Charge any additional fee(s) or any underpayment of fee(s)	1804	·		920*	Barrandian and Barrian of OID and and the			
Charge fee(s) indicated below, except for the filing fee		920*	1804		Examiner action Requesting publication of SIR after			
to the above-identified deposit account.		1,840*	1805	1,840*	Examiner action			
		Extension for reply within first month						
1. BASIC FILING FEE	1252		2252	210	Extension for reply within second month			
Large Entity   Small Entity   Fee   Fee   Fee   Fee   Fee   Fee   Fee   Fee   Paid	1253		2253	475	Extension for reply within third month			
Code (\$) Code (\$)	1254		2254	740	Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee	1255		2255		tension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1402 1403		2402	165 145	Filing a brief in support of an appeal  Request for oral hearing			
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1451	1,510	1451		Petition to institute a public use proceeding			
' <u> </u>	1452		2452	55	Petition to revive – unavoidable			
<b>SUBTOTAL (1)</b> (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue) 665.00			
Extra Fee from	1502	480	2502	240	Design issue fee			
Total Claims below Fee Paid	1503	640	2503	320	Plant issue fee			
Independent -3** = x =	1460	130	1460	130	Petitions to the Commissioner			
Claims Multiple Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
	1806	180	1806	180	Submission of Information Disclosure Stmt			
Large Entity   Small Entity   Fee Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per			
Code (\$)   Code (\$)					property (times number of properties) Filing a submission after final rejection			
1202 16 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application			
and over original patent	Other	fee (spe	cify)	8001	Printed copy of patent w/o color 30.00			
SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 695.00								
**or number previously paid, if greater, For Reissues, see above								

SUBMITTED BY (Complete (if applicable))							
Name (Print/Type)	Kevin J. Canning	Registration No. (Attorney/Agent)	35,470	Telephone	(617) 227-7400		
Signature	1 Cun Ja			Date	September 14, 2004		
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